



General Assembly

February Session, 2016

Raised Bill No. 131

LCO No. 1238



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING THE WORKING GROUP ON BEHAVIORAL
HEALTH UTILIZATION.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 353 of public act 15-5 of the June special session is
2 repealed and the following is substituted in lieu thereof (*Effective from*
3 *passage*):

4 (a) Not later than October 1, 2015, the Insurance Commissioner shall
5 convene a working group to develop recommendations for behavioral
6 health utilization and quality measures data that should be collected
7 uniformly from state agencies that pay health care claims, group
8 hospitalization and medical and surgical insurance plans established
9 pursuant to section 5-259 of the general statutes, the state medical
10 assistance program and health insurance companies and health care
11 centers that write health insurance policies and health care contracts in
12 this state. The purposes of such recommendations include, but are not
13 limited to, protecting behavioral health parity for youths and other
14 populations.

15 (b) The working group shall consist of the Insurance Commissioner,

16 the Healthcare Advocate, the Commissioners of Social Services, Public
17 Health, Mental Health and Addiction Services, Children and Families
18 and Developmental Services and the Comptroller, or their designees,
19 and may include representatives from health insurance companies or
20 health care centers or any other members the Insurance Commissioner
21 deems necessary and relevant to carry out the working group's duties
22 under this section.

23 (c) (1) The working group shall determine the data that should be
24 collected to inform analysis on (A) coverage for behavioral health
25 services, (B) the adequacy of coverage for behavioral health conditions,
26 including, but not limited to, autism spectrum disorders and substance
27 use disorders, (C) the alignment of medical necessity criteria and
28 utilization management procedures across such agencies, plans,
29 program, companies and centers, (D) the adequacy of health care
30 provider networks, (E) the overall availability of behavioral health care
31 providers in this state, (F) the percentage of behavioral health care
32 providers in this state that are participating providers under a group
33 hospitalization and medical and surgical insurance plan established
34 pursuant to section 5-259 of the general statutes, the state medical
35 assistance program, or a health insurance policy or health care contract
36 delivered, issued for delivery, renewed, amended or continued in this
37 state, and (G) the adequacy of services available for behavioral health
38 conditions, including, but not limited to, autism spectrum disorders
39 and substance use disorders.

40 (2) The recommendations developed by the working group may
41 include data such as (A) per member, per month claim expenses, (B)
42 the median length of a covered treatment for an entire course of
43 treatment by levels of care, (C) utilization review outcome data
44 grouped by levels of care, age categories and levels of review as set
45 forth in part VII of chapter 700c of the general statutes, (D) the number
46 of in-network and out-of-network health care providers by location
47 and provider type, (E) health care provider network management data
48 by location and provider type, [and] (F) health care provider network

49 fluctuations, the causes of such fluctuations and the decisions made by
 50 health insurance companies, health care centers and state agencies
 51 regarding the approval of health care providers to join a health care
 52 provider network, (G) the number of prior authorization requests for
 53 behavioral health services and the number of denials for such requests
 54 compared with the number of prior authorization requests for other
 55 health care services and the number of denials for such requests, and
 56 (H) the percentage of paid claims for out-of-network behavioral health
 57 services compared with the percentage of paid claims for other types
 58 of out-of-network health care and surgical services.

59 (d) Not later than January 1, [2016] 2017, the Insurance
 60 Commissioner shall submit a report of the recommendations of the
 61 working group as set forth in subsection (a) of this section, in
 62 accordance with the provisions of section 11-4a of the general statutes,
 63 to the Governor and the joint standing committees of the General
 64 Assembly having cognizance of matters relating to insurance, human
 65 services, public health and children.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	PA 15-5 of the June Sp. Sess., Sec. 353

PH Joint Favorable